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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
08/933,181	09/18/1997	TERRY BRADY	P62245 US 0

CONFIRMATION NO. 6125



\*OC000000005699288\*

Jerold I. Schneider  
Arter & Hadden  
1801 K. Street, N.W., Suite 400K  
Washington, DC 20006

Date Mailed: 01/23/2001

## NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 01/10/2001.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

*Julie Boyd*  
*Office of Petitions*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

ATTORNEY/APPLICANT COPY

# RECORDATION FORM COVER SHEET PATENTS ONLY

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

**1. Name of conveying party(ies):**

Terry Brady  
Michael F. Corsello

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

**3. Nature of conveyance:**

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: 9-15-97

**2. Name and address of receiving party(ies):**

Name: Array Medical, Inc.

Internal Address: \_\_\_\_\_

Street Address: One Harvard Way  
Somerville, New Jersey 08876

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Additional name(s) & address(es) attached? ☐ Yes ☒ No

**4. Application number(s) or patent number(s):**

If this document is being filed together with a new application, the execution date of the application is: 9-15-97

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

**5. Name and address of party to whom correspondence concerning document should be mailed:**

Name: Ralph T. Lilore

Internal Address: \_\_\_\_\_

Street Address: 1425 Broad Street

City: Clifton State: NJ ZIP: 07013

**6. Total number of applications and patents involved:** one

**7. Total fee (37 CFR 3.41):** \$ 40.00

☒ Enclosed

☐ Authorized to be charged to deposit account

**8. Deposit account number:**

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**9. Statement and signature.**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Ralph T. Lilore

Name of Person Signing

Ralph T. Lilore  
Signature

9-18-97  
Date

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one